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### Disability Support Services (DSS) critical incident categories and severity rating descriptions

| **DSS incident category** | **Critical: Report to DSS** | | **Not critical: Do not report to DSS** | |
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| **Severe or life-threatening harm** | **Major harm** | **Moderate harm** | **Minor harm** |
| *DSS incident severity definition* | *Death or harm causing severe loss of function and/or requiring lifesaving intervention.* | *Harm causing major loss of function, serious injury and/or requiring significant intervention.* | *Harm causing short-term loss of function, injury and /or requiring moderate intervention.* | *Harm causing no loss of function and requiring minimal intervention.* |
| **Death of a disabled person** | Deaths that could be:   * The result of an incident or suicide. * Unexpected, unexplained or suspicious. * The result of delay or failure in the planned provision of care. * The result of medication or treatment plan error. | N/A | N/A | N/A |
| **Serious health event or serious injury of a disabled person** | The disabled person **requires life-saving intervention** or will likely have a **severe long-term loss of function.**  Could be from:   * a fall * choking * pressure injury * medical condition * accident * medication or treatment error * failure to provide the essentials for life (e.g. adequate nutrition, medication, health care, essential support needs).   An advance directive is not followed, which leads to the delivery of treatment the person has stated they do not want. | The disabled person has a major health event or injury that results in **major loss of function** and/or an **unplanned admission to hospital**.  Could be from:   * A fall causing fractured bone, head injury, loss of consciousness * Serious laceration or burn requiring a skin graft. * Choking or recurrent aspiration pneumonia. * Medical or mental health condition. * Medicine or treatment plan errors resulting in potential significant harm (overdose, allergic reactions) which have resulted in medical intervention. * Stage 3 or 4 or unstageable pressure injury. * Failure to provide the essentials for life (e.g. nutrition, medication, health care, essential support needs).   An advance care plan, CARP or court orders not followed that leads to hospital interventions.  Patterns, clusters and escalations of non-critical incidents that are likely to escalate to serious harm. | The disabled person has a moderate health event or injury that results in **short-term loss of function** and/or **moderate medical intervention** (unplanned visit to GP, ED or community health services; planned admission to hospital).  Could be from:   * a fall causing minor fracture, dislocation of a joint, or laceration. * Stage 2 pressure injury. * Medicine or treatment plan errors. * medical or mental health condition or accident. * Failure to provide self-determination, equipment or supports. | The disabled person has a minor health event or injury (or near miss) that results in:   * **no loss of function**, or * requiring little intervention / **first aid only**. |
| **Self-harm by a disabled person** | Self-harm or suspected suicide attempt that results in severe loss of function or requiring lifesaving intervention. | Self-harm or suspected suicide attempt that causes serious harm or results in significant intervention by a health professional or mental health services.  *For example, resulting in hospitalisation or intensive community mental health support.*  Patterns, clusters and escalations of non-critical incidents that are likely to escalate into causing serious harm. | Self-harm that causes minor injury, short-term loss of function or results in moderate intervention by a health professional or mental health services.  Near-miss suicide attempt using a method that is usually lethal (e.g. overdose, hanging).  *For example, requiring visit to GP or primary mental health support, behaviour support review.* | Self-harm where the harm requires little or no intervention.  *For example, only requiring first aid or management in the home.* |
| **Abuse or assault of a disabled person by a disabled person**  *Types of abuse include:*   * *Physical* * *Sexual* * *Emotional* * *Financial* | Allegations of any form of life-threatening or severe abuse or assault that results in:   * severe loss of function, or * risk of death * life-saving intervention.   Includes situations where police and/or ambulance were called as an emergency response because of the serious assault / abuse. | Allegations of any form of serious abuse or assault that results in one or more of:   * Injury, pain or significant emotional distress. * Significant impact on the health and wellbeing of the person. * Major loss of function. * Significant intervention   *For example, requires finding alternative accommodation; report to Police; significant changes in practice to ensure safety; referral to safeguarding services, behaviour support services or family violence / sexual violence services; significant support and staffing review.*  Any allegations of assault or abuse of a child.  Patterns, clusters and escalations of non-critical incidents that are likely to escalate into causing serious harm. | Allegations of any form of abuse or assault that results in one or more of:   * Moderate impact on the health and wellbeing of the person. * Reduced sense of safety at home. * Overtly discriminatory or harmful treatment, including ableism or racism. * Threatening behaviour that damages property. * Short-term loss of function. * Moderate intervention   *For example, requires moderate changes to practice to ensure safety; moderate changes to support plans and staffing; staff training; community counselling support.* | Allegations of any form of abuse or assault that results in one or more of:   * Small impact on the health and wellbeing of the person. * Living in a climate of uncertainty and fear, feeling controlled and powerless. * Threatening behaviour. * No loss of function. * Little intervention   *For example, requires first aid, reinforce existing agreed management plans.* |
| **Abuse or assault of a disabled person by a non-disabled person** | As per category: Abuse or assault of a disabled person by a disabled person. | As per category: Abuse or assault of a disabled person by a disabled person.  Any allegations of assault or abuse of a disabled person by support worker / staff. | As per category: Abuse or assault of a disabled person by a disabled person. | As per category: Abuse or assault of a disabled person by a disabled person. |
| **Abuse or assault of a non-disabled person by a disabled person** | As per category: Abuse or assault of a disabled person by a disabled person. | As per category: Abuse or assault of a disabled person by a disabled person. | As per category: Abuse or assault of a disabled person by a disabled person. | As per category: Abuse or assault of a disabled person by a disabled person. |
| **Restraint or seclusion** | **Seclusion:**  Use of seclusion in non-approved services (seclusion is not permitted in any disability service except for approved hospital settings).  Harm that results in the need for life-saving intervention as a result of or during seclusion.  **Restraint:**  The use of restraint in situations of life-threatening or severe risk.  Harm that results in the need for life-saving intervention as a result of or during restraint.  Includes situations where police and/or ambulance were called as an emergency response or to provide legal force to support safety, such as the use of medication as restraint. | **Seclusion:**  All other use of seclusion in approved services (hospital level RIDSS, who must follow the Ngā Paerewa standards for using seclusion).  **Restraint:**  Use of restraint that:   * Was not in accordance with the person’s plan, not safe or of an appropriate duration, or, * Caused adverse impact on the disabled person, such as injury or pain.   Patterns, clusters and escalations of non-critical incidents that are likely to escalate into causing serious harm. | **Seclusion**: N/A  Use of **restraint** that   * Was not necessary and did not cause adverse impact on the disabled person. | **Seclusion**: N/A  Use of **restraint** that:   * was in accordance with the person’s plan and was necessary, and * was safe and of an appropriate duration, and * did not cause harm. |
| **Unauthorised leave of a disabled person under a Court Order**  *(Includes a person under the IDCC&R Act)* | Unauthorised leave of a disabled person under a Court Order, resulting in life-threatening or serious risk of harm to that person or others. | All other unauthorised leave of a disabled person under a Court Order, which does not result in life-threatening or serious risk of harm to that person or others. | N/A | N/A |
| **Disabled person missing**  *(Includes when the person leaves the supervision of staff as agreed in that person’s support plan. The level of risk depends on the person’s needs)* | Disabled person missing resulting in a life-threatening situation or serious risk of harm to self or others. | Disabled person missing and at risk of major harm to self or others, or required significant intervention (e.g. Police called).  Patterns, clusters and escalations of non-critical incidents that are likely to escalate into causing serious harm. | Person missing and at risk of moderate harm or required moderate intervention (e.g. staff searching the neighbourhood) | Person missing and at low risk of harm or required little or no intervention (e.g. person called and they made their way home again) |
| **Incident related to police involvement, external investigation or media**  *(if it does not meet one of the other categories)*  *The provider may also have additional ways to update DSS on progress.* | Any incident relating to a criminal investigation by the Police, or significant police involvement relating to an incident, which is not covered in one of the other categories. | Any incident resulting in major harm relating to correspondence the provider has received from an external organisation.  *Includes correspondence relating to a critical incident from the Ombudsman, the Health and Disability Commissioner, Worksafe, the Minister, Members of Parliament, the Privacy Commissioner, the media or any other regulating agency.* | Any incident resulting in moderate harm relating to correspondence the provider has received from an external organisation. | Any incident resulting in minor harm relating to correspondence the provider has received from an external organisation. |

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### Definitions

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| **Term** | **Definition** |
| Critical incident | An event where there is severe or major harm to the person. |
| Physical abuse | Unlawful physical contact or force.  Any instances or allegations of unlawful physical contact with, or assault of, a person in the context of the provision of disability support. A deliberate act of a person carried out with the intention to, or does, cause pain or injury to a person.  Includes: use of unjustified physical force or threats of force to compel a person to comply, hitting, pushing, shoving, spitting, throwing objects toward someone, or making threats of serious physical harm. |
| Sexual abuse | Unlawful, inappropriate or unwelcomed sexual contact or activity, without the consent of the person.  Any instances or allegations of unlawful, inappropriate or unwelcomed sexual contact with or towards a person in the context of the provision of disability support. Subjecting a person to sexual activity or sexual contact without their active, enthusiastic, voluntary and ongoing consent. Grooming of a person for sexual activity. Any sexual contact that happens with and to children. |
| Emotional abuse | Deliberate act to cause emotional pain and distress.  A deliberate verbal or non-verbal act of a person intended to, or does, cause emotional or psychological anguish, pain, or distress to a person.  Includes: manipulation, coercion, intimidation, degradation (including when internalised to self-degradation), terrorisation, kangakanga (verbal abuse or cursing), exploitation, verbal taunts, threats, harassment, humiliation, exposure to violence, or a failure to interact with a person or acknowledge their presence. This can include the use of social media to cause harm. |
| Financial abuse | Intentional misuse, theft or denial of a person’s money.  Conduct that causes or is likely to cause the denial, restriction, prevention, or limitation of a person's access to their income and assets. This includes:   * Intentional misapplication of a person’s assets, income, disability support funds, benefit or New Zealand Superannuation. * Intentionally preventing a person from using their own income and assets. * Intentionally misleading the person as to how their funds or property will be used. |
| Restraint | The use of any intervention by a service provider that limits a person’s usual freedom of movement. This includes personal restraint (staff physically holding a person), physical restraint (use of equipment or locks that the person cannot remove), chemical restraint (the use of PRN medication).  Service providers must follow the Ngā Paerewa standards for using restraint and seclusion.  Where restraint is consented to by a third party it is always restraint. A single restraint event, or where restraint is used as a planned, regular intervention and is identified in the person’s service delivery plan. The Ngā Paerewa standards require that providers demonstrate the rationale for the use of restraint in the context of aiming for eliminating its use, ensuring required documentation and monitoring of restraint use and only use approved restraint as the last resort. |
| Seclusion | A type of restraint where a person is placed alone in a room or area, at any time and for any duration, from which they cannot freely exit.  Seclusion is not permitted in any disability service except for hospital level RIDSS support. RIDSS hospital service providers must follow the Ngā Paerewa standards for using seclusion. Providers must provide a critical incident report for all seclusion events. RIDSS providers should also send seclusion reports through the seclusion reporting system used in hospitals. |
| Criminal activity | A deliberate act of a person carried out with the intention to, or does, which is classified as criminal activity and where police are involved. |
| SAC | Severity Assessment Code.  SAC is a rating system used by Te Tāhū Hauora for defining levels of harm events in the health and disability systems. There are SAC ratings from 1 (the most severe harm) to 4 (the lowest severity harm). |
| Advance directive | Is consent to or refusal of a specific treatment that may or may not be offered in the future when the person no longer has capacity. A valid advance directive is legally binding. To be valid, the advance directive must have been created by a person with capacity, who was informed and undertook the process voluntarily. The directive only comes into play when the person has lost capacity, and it must relate to the current situation. |
| Advance care planning | Is a process of thinking and talking about your values and goals and what your preferences are for current and future health care. A person may write down what is important to them, their concerns and care preferences in an advance care plan. Some advance care plans contain an advance directive. |
| CARP | A care and rehabilitation plan is for those under the ID(CC&R) Act. |